



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE BOARD OF HEALTH

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

Christine M. Connolly MPH, CHO
Director of Health and Human Services

Tel: 781 316-3170
Fax: 781 316-3175

Application for Annual Permit to Keep Hens

Fee: \$100.00 (checks made payable to: Town of Arlington)

Name of Applicant: _____ Tel. #: _____

Address: _____ Email: _____

Please provide the following information:

Abutting property owners (list below):

Name *Address*

Number of hens to be kept (no roosters): _____ -

Location of henhouse and pen on property: _____

Please circle the answer to the following questions:

Will the henhouse and pen be maintained in a sanitary condition to prevent odors?	YES	NO
Will the henhouse provide sufficient protection from the elements?	YES	NO
Will the henhouse be maintained in good repair so as to exclude pests and predators?	YES	NO
Will the henhouse provide an interior floor space of at least 2 sq. ft. per hen?	YES	NO
Will the pen be completely enclosed, including across the top of the pen?	YES	NO
Will the pen provide a ground surface of at least 5 sq. ft. per hen?	YES	NO
Will the food be securely stored in a rodent and pest proof container?	YES	NO
Will the waste/manure be stored in a sealed container?	YES	NO
Will the hens be confined to the permit holder's property at all times?	YES	NO

Signature of Applicant: _____ Date: _____